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ORIGINAL DEPARTMENT.

Communications.

PARTURIENT EFFECTS OF THE SULPHATE OF MORPHIA.

By T. J. KENNEDY, M. D.,

Of Castalian Springs, Tenn.

In your valuable Journal of August 7, Harvey L. Byrd, M. D., Professor of Obstetrics, in the Medical Department of Washington University, Baltimore, Md., has an article on the subject of the above. It would be, as he says, "superegatory labor to enter into an anatomical description of the uterus," or "even to allude to its chief physiological function, where only the therapeutical action of a remedial agent upon its parturient efforts is only to be noticed," as in his article the parturient properties of Sulphate of Morphia was presented to the profession, I simply add my testimony to corroborate his statement, with the hope that it may be some good to young physicians who are just starting on that weary road that every physician travels when he first commences the practice of medicine. I well remember the time that I believed implicitly in the teaching that if the labor pains were sluggish, the os uteri only slightly dilated, and the pains "become" inefficient, while the patient was wearied and worn out, desiring nothing so much as rest for a short time; that a dose of Sulph. Morph. would not only quiet the patient for several hours, but also give the medical attendant repose for the same length of time.

To my utter astonishment I never failed to be called sooner than I expected. I always had success with my patients; they passed well, both mother and child, through the ordeal. After several cases where Sulph. Mor-

phia had been given to quiet the pains, and not watching closely the parturient efforts after giving it, believing so fully in the early precepts indoctrinated into my mind, that I had not a doubt of its entire efficacy, I at length did begin to doubt its power to quiet the action of the womb, and to induce sleep, while the womb was in the act of expelling its contents.

I was called to see patient April, 1869, aged 24, whom I found in labor with second child, as reported to me. I found that she did not expect to be confined for six weeks. She complained of pain in the region of stomach, with no bearing down pains. Examination per vaginam disclosed no dilatation or rigidity of os. The womb was high up in the pelvis, and during the paroxysm of pain, which came on about every fifteen and then twenty minutes, for the period of five hours, there was no descent of the womb; all the time the pain was referred to the stomach. Everything that was given by the mouth was rejected within a few minutes. The extremities were cold and clammy, the pulse quick and feeble, a feeling of general malaise, and constant complaining of the stomach, with groanings and sighings. External stimulants and counter irritants were used; no relief from anything as yet tried. I injected one third grain Sulph. Morph. hypodermically at the insertion of deltoid; in five minutes she was easy; complained of no pain anywhere. Examination per vaginam revealed the same condition as before. As the patient remained at rest for about twenty minutes I left her in charge of a gentleman who had studied medicine, but had abandoned it for farming, with the order to call me when wanted. I retired to my room, fifty yards from my patient. I had been in bed about half an

hour when the gentleman called me, with the assertion that the patient was dying. As soon as I could I reached my patient; she was cold and shivering, with a continuous moaning every breath, that is peculiar to women when the head of the child is in the world, between the pain that has expelled the head and the next pain that is to expel the shoulders. I found that such was the condition—the head of the child was in the world, and soon it was expelled in toto. The mother had a good recovery, with no untoward symptom. Here was a case in which the Sulph. Morph. surely acted as a parturient, for nothing was retained on the stomach.

### SURGICAL REMINISCENCES OF AN OLD PRACTITIONER.

By J. G. F. HOLSTON, M. D.,

Of Washington, D. C.

TREPHING.

(Continued from page 28.)

Justly considered one of the graver operations of surgery—yet if I were to consider only my personal experience, during near forty years, by no means as dangerous as is sometimes represented. In fact the danger seems to me to have arisen, more from an improper discrimination of cases to which the operation was inapplicable, and a want of a clear understanding as to what we can and desire to accomplish. As to the rest, it is immaterial with what instruments the operation is performed, whether with the English trephine, acting as a circular saw, with the motive power of the augur, or the German trepan, with the same action, but moved like a carpenter's centre-bit. Even the various forms of the trephine, cylindrical or conoidal, make no difference in careful hands, and often the saw and chisel may dispense with either. In regard to saws, the circular part of Hay's saw, is of little account, the original idea of making a curved cut with it being evidently absurd, for though the edge is round, the blade is straight and refuses to follow any curve; so that the circular part is only useful where a small portion of bone, to the avoidance of the rest, is to be divided. I am, however, very partial to the chisel in all operations on the cranial bones; and have had a peculiar pattern made for me, that, in my hands at least, has proved itself of superior advantage. The edge of my chisel is three-quarter inch wide, beveled on both sides, and having a blunt, pointed tooth projecting

from one corner; this tooth meets the edge at a perpendicular, but is rounded off on the outside.

This tooth effectually guards the dura mater from injury, keeping it always at a distance from the cutting edge. Of course, the advantage of the tooth can only be obtained where an opening, accidental or artificial, already exists. It is also proper to mark out the proposed track of the chisel, on the outer plate, by the saw. Seeing the chisel applied in such close proximity to the brain, and propelled by vigorous strokes of the mallet, necessarily excites fear of concussion to that delicate organ; but it must be recollected that every tooth of the saw, as it *tears off*, not cuts, a portion of the bone, is also an instrument of concussion, and considering the far greater execution done by the sharp, cutting chisel, in a much less time, the concussion is absolutely greater by the saw. Patients who were conscious at the time, and where both saw and chisel were used, have so informed me, and it is certainly the result of my clinical observation.

I will now state some of the considerations that have induced me to remove portions of the cranial wall. First—in cases of recent injury, where the scalp was cut or torn, exposing the bones, in a comminuted state, driven in, edgewise, into or upon the brain; in such cases I have picked away loose pieces, or where the pieces were wedged, made a previous perforation, elevated depressed portions, not greatly detached from the soft parts above and below, trimmed rugged edges of bone by scissors or chisel, removed such portions of scalp as were perfectly disorganized by the injury, taking care to leave no splinters or foreign substances of any kind, making indeed, a perfectly clean surgical wound of the complicated injury, and often succeeding in having a cure almost entirely by first intention, with the absence of all severe symptoms, thus approximating that class of cases in which the operation was performed on persons in good health and through sound parts, for epilepsy, etc.

Second—where the bones were not thus totally detached, and driven down edgewise, and *a fortiori*, where the scalp was not opened, so as to give access to the injured bone, I have considered symptoms of *present and increasing* compression, endangering life, the only justification for converting a simple into a compound fracture. But, if interfering at all, making a *clean, surgical wound*, as illustrated in Mrs. McManus's case, wait till urgent

symptoms demand interference. I have seen many cases where extreme depressions, accompanied by coma, paralysis, etc., have recovered to perfect health without any operative interference.

Third—long after the original injury, where Paralysis or Epilepsy remained, and the seat of the trouble was clearly defined, I would here remark, that in military surgery in the S. W., trephining was seldom admissible and not often successful. My dressings have been of the simplest kind, reposition of the soft parts, a wet compress and bandage constituting the whole, while close attention was given to diet, the Ex—and Secretions.

These remarks were elicited by seeing my two published cases (Western *Lancet*) of trephining for Epilepsy quoted. There is an error in the quotation. Only one of them, Jane Sulk, (whom I saw well about nine months ago,) is stated as successful. I so reported it that the patient had died of phthisis, for so I had heard, but the very next number of the *Lancet* contains a letter from Dr. Cunningham, St. Louis, Mo., the brother-in-law of Miss Sarah Dollman, who states that his sister-in-law, gradually, but perfectly recovered, having then had no fits for over two years; she remained well.

I have since operated on two other cases of far greater magnitude, both successful, as regards the operation as well as the disease—"Epilepsy." Both had been epileptic for years, but had no fits after the operation. In the case of Mr. Dixon, of Noble Co., O., twelve or thirteen square inches of the posterior part of the parietal bone were removed by trephine and chisel—four holes and then the chisel. In the second case, whose name is lost, about seven to eight inches. Both recovered without untoward symptoms, as if they had only received a slight scalp wound.

The first was operated in the town of New Concord, O., in the forenoon, and under chloroform. After he had thoroughly recovered from the anaesthetic and his wound dressed, I left to make a call in the neighboring country, having given very precise directions to keep himself very still in bed, in a dark room, avoiding all excitement, etc. Paint my surprise when, on my return four hours afterward, I saw the patient sitting on a bench before the house, smoking his pipe. His excuse was, he felt nothing the matter and could not lie in bed. He never took his bed; the large wound healed almost entirely by first intention;

though the movements of the brain, that were absent immediately after the operation and did not return for some weeks, continued visible for some months afterward.

I believe it is safer, when operating on cranial bones, to make large and free openings, rather than limited ones; that was also the view of the older surgeons, who, sometimes with impunity, applied a dozen or more crowns of the trepan for one headache.

#### ARSENIC IN THE TREATMENT OF PROLAPSUS UTERI FROM ENLARGEMENT OF THE CERVIX.

By DR. L. S. BLACKWELL.

Pennington, N. J.

As the diseases of women have received comparatively little attention by medical authors and teachers, the following case may not only prove of interest to the readers of the *REPORTER*, but may furnish some material of signal advantage to the amateurs of Gynaecology.

Mrs. C. H.—, aged 48 years, had been suffering for a number of months from pruritus vulvae and leucorrhœa—the result of prolapsus uteri.

The intense itching, which was a significant symptom, induced this lady to seek relief. Tournie's treatment—calomel ointment and camphor was resorted to, but failed to afford any decided relief; the pruritus, however, gradually diminished, and finally ceased.

With the view of relieving the engorgement and consequent prolapsus and leucorrhœa, the following constitutional and local treatment was instituted:

R. Liq. Potassæ Arsenitis,	f. ʒijss.	
Syrupl.	f. ʒj.	
Aquæ,	f. ʒij.	M.
A teaspoonful after each meal.		
R. Iodini,	gr. xv.	
Potassii Iodidi,	ʒj.	
Aquæ,	ʒj.	
Ft. sol.		

Use as an injection twice a day.

At the expiration of a week, the congestion of the cervix and the leucorrhœa were materially reduced; and at the close of the subsequent week, the engorgement was entirely removed, and the discharge had ceased.

Having used the local application in a number of cases of leucorrhœa, dependent upon engorgement of the cervix, with beneficial results, I have long regarded it as an efficient

remedy in the treatment of this exhausting disease.

But never having witnessed such *signal* benefit as was manifested in the case presented, I am disposed to attribute *more value to the constitutional medication.*

Dr. Hunt found arsenic a valuable remedy in *dysmenorrhœa*; and M. Imbert-Gourbeyre speaks of its "great utility" in the treatment of *vulvar pruritus*.

As *sterility* and *painful menstruation* may have their origin in a *diminished caliber* of the *uterine canal* from engorgement, it is rational to believe that the efficacy of arsenic depends upon the influence it exerts over *uterine engorgements*.

The value attached to the general treatment in the case reported, is enhanced by an article entitled "The necessity of associating constitutional medication with topical applications in the treatment of uterine diseases," read before "the Gynæcological Society of Boston," and published in the first number of the Gynæcological Journal. Arsenic has also been used with satisfactory results in the treatment of hæmorrhoids, and from the efficacy which has been attributed to it in the therapeutics of the disease of the pelvic viscera, we are convinced of its special affinity and adaptation to morbid action in this section of the human organism.

#### CASE OF CIRRHOSIS AND BRIGHT'S DISEASE.

REPORTED BY JOS. D. LOMAX, M. D.,

Superintendent of Marshall Infirmary, Troy, N. Y.

The following case presents a somewhat unusual history; and a brief account of it may not be uninteresting to some of the readers of the REPORTER:

The subject of it was a man aged fifty years, and of dissipated habits. In the winter of 1861 and 1862, while in the Army of the Potomac, he suffered from an attack of albuminuria, attended with dropsical effusions about the ankles and eyes. He so far improved under treatment that he was able to serve out the term of his enlistment.

In August, 1863, he was admitted into the Marshall Infirmary, and his disease recorded in the Hospital Register as ascites. He remained under treatment fourteen months, and during that period was tapped twenty-one times. The aggregate amount of serum drawn was about two hogsheds. The operation had to be repeated sometimes as often as every ten or twelve days.

The urine was frequently tested, and always found loaded with albumen, but dropsy was never detected in any other part of the body, unless the accumulation within the abdomen was permitted to become very great.

Finally, after he had been under treatment eleven or twelve months, the ascites ceased to return; and believing himself well, if not cured, he left the hospital in October, 1864. He continued to enjoy fair health for near five years, and was engaged most of the time in some laboring employment.

On the first of July just past, he contracted a severe cold, and dropsy once more set in, and on the 27th of the same month he was again admitted into the Marshall Infirmary. He was very feeble; the respiration greatly embarrassed, and his skin dry, rough and of a straw color. The abdomen was distended with fluid, and there was also considerable anasarca. His urine was tested, and so abundant was the albumen, that it coagulated in an almost solid mass. He gradually failed, and died on the 4th of August. His death seemed exceedingly easy. During the last forty-eight hours he laid in a semi-comatose state, and finally passed away without the least evidence of pain or even of distress.

An autopsy was made eighteen hours after wards. The liver weighed two pounds and eleven ounces; the small lobe was contracted to the size of a goose egg. The weight of the kidneys was five ounces, and six ounces and two drachms.

The urine during the first eighteen months after his discharge in 1864, was tested several times, and always found rich in albumen.

#### RULES OF TREATMENT.

BY JULES LE CARPENTIER, M. D.,

Fort Cummings, New Mexico.

#### SECONDARY SYPHILIS.

1. Mercury is a specific against secondary accidents of syphilis, but is far from being equally efficient in all cases.

2. Nine cases out of ten, of secondary accidents, may be subdued entirely without any mercury being administered.

3. Tonics and stimulants, given in proper quantities and in a proper way, are the best remedies against secondary accidents.

4. In rebellious cases, or in very severe cases, mercury must be prescribed, but its effects are greatly increased by the simultaneous administration of tonics and stimulants.

# HOSPITAL GLEANINGS.

No. V.

By JAMES B. BURNET, M. D.,

Of Newark, N. J.

## I. CASE OF OLD ULCER.

James Harris, aged 64, a native of Portugal, was admitted to Bellevue Hospital on June 1st. He has had his ulcer two years; making slow progress, but still continually extending until his present treatment was adopted. The character of the ulcer was the worst possible, typical of an old man's ulcer. It extended from about half up the leg down both sides to the malleoli, and deeply eroding the tissues of the posterior aspect of the leg. The only spot of integument was in front, an inch broad. The surface of the ulcer was gray and offensive, continually covered with an unhealthy pus. The edges were hard, ragged, and entirely indisposed to granulate or extend themselves. Having been in the hospital a long time, and not being relieved, though almost every plan of treatment was adopted that promised relief, it was determined to try in his case the internal administration of *Opium*. From ten to twenty drops of *Tr. Opii* were administered three times a day, with the following remarkable results. In five days there were small spots of granulations, like little islands, springing up over the whole ulcer. In eight days the entire surface was clean, with profuse granulations, bleeding at the slightest touch, and perfectly healthy. It is now about twenty days, and there is a general advance of the integument over the ulcer, and where it was long and narrow in front, it is entirely healed. In this case is seen the direct action of the opium upon the ulcer. It is not a mere coincidence, for the sore has resisted everything, until the opium was given, when it immediately sprang into life.

## II. CASE OF CHRONIC ABSCESS.

Owen Gillon was admitted to Bellevue Hospital on June 1st. Five months previously, he was taken with all the symptoms of an acute abscess on the right side. After it was evacuated, it continued to discharge until his admission. His condition at the time was pitiable enough. He was emaciated, weak, irritable, and unable to move. It was ascertained that the sinuses extended a long way up the back; the openings being about the crest of the ileum. He was ordered good diet, stimulants, and constant pressure. The pressure was kept up by Oakum compresses, held

in place by adhesive straps. These were applied at the distal ends of all the sinuses, and there only. At the end of the four weeks, his abscess was healed. He is now strong, growing fleshy, and in fact, without a trace of the serious illness through which he has passed.

## III. CASE OF TRAUMATIC PERITONITIS.

This patient, a man, was admitted to Bellevue Hospital, said to have been kicked in the abdomen during a fight. He had not considered himself much injured until the second day, when great pain in the abdomen and tympanites compelled him to seek admission to the hospital. Peritonitis was diagnosed, and the patient was put upon *Opium*. The prognosis was very unfavorable, as the peritonitis was thought to be due to the rupture of an intestine. He lived but a short time. The autopsy revealed a great amount of peritonitis. A rupture of the intestine was found in the ileum, about three feet from the cæcum, and in the mesentery opposite to the rupture was a slit, some two inches in length. There were no external marks of violence.

## RUPTURE OF THE UTERUS.

By J. J. O'REILLY, M. D.,

Of Louisville, Ky.

Noticing in the last numbers of the *REPORTER* a couple of cases of uterine rupture, I offer the following, not that it contains anything new, but with a view that it may be available as a statistic:

I was called to see Mrs. F. in the summer of 1867, and found her suffering with false labor pains. I ordered rest, and left word to be sent for if labor came on. Just one week afterwards I was called again to see her, found the parts moist and relaxed, the os dilated about one half, thin and distensible. Pains slow and feeble.

This visit was at two o'clock p. m. I visited her again at eight o'clock p. m., and found the head advancing, the os dilated to nearly its full extent, and the head entering the inferior strait. In fact the os was so pliant that I attempted several times, during a pain, to slip it over the occiput with the index finger. The presentation was Left-Occipito-Iliac. At this time the pains were never very strong; began to grow weaker and slower, almost to disappearance. Here, with all the parts relaxed, the head at the inferior strait, and mere want of expulsive force being all that was needed

to complete labor, I thought that now, if ever, the use of Ergot was indicated. I administered the Ergot at one o'clock a.m. From that time the patient complained of incessant pain in the back and stomach, but the head made no advance. At half past two, feeling uneasy about the constant complaints of the patient, I gave chloroform to ease the pain, as it was doing no good. Under its administration she felt some better. During all this time there was no vomiting, pulse good, skin moist. At half past three I made an examination and found the head as it had been for hours. A few minutes later the patient went to sleep and I also nodded in my chair for perhaps half an hour, when I made another examination and found the os closed and the head gone. Feeling in the abdominal region, I could trace the outlines of the fœtus above the uterus. The patient did not express herself as feeling any way uncomfortable, nor had she any symptoms of sinking. Dr. Bayless was called in consultation, and performed gastrotomy. We found the uterus ruptured on its anterior surface, at the upper part of the middle third. The child, placenta, cord, and membrane had all passed into the peritoneal cavity. The uterus had firmly contracted. There was not the slightest hemorrhage. The patient died in twenty-four hours. No post-mortem was allowed. The points of interest in this case are these :

1st. What had the ergot to do with the rupture ?

2d. Ought not the forceps have been used in place of ergot, or would not nature have completed labor without interference ?

3d. The patient gave no signs of intense pain at the time of the rupture, and felt easier after it.

4th. Complete absence of hemorrhage.

As regards the use of the ergot, I think it was justified by the symptoms; if, indeed, there are any symptoms which justify it. The woman, although going around, had been suffering off and on for a week, and all the parts were in just such condition as authorities say they must be for its administration. Whether the rupture was due entirely or not to the Ergot, I am unprepared to say. The patient was in third confinement, and previous action of womb may have somewhat impaired its tissues.

As to the second point, should I have used the forceps? It is my opinion now that the forceps should always be used in preference

to ergot, and I am certain would have suited better in the present case. The forceps we can control, ergot we cannot. The forceps are as an aid-de-camp to a general—obeying his immediate commands; ergot is like a bombshell—once sent forth are as apt to hurt friend as foe. I do not think the use of the latter can be too severely condemned in parturition, as time or the forceps will always accomplish the results intended to be brought about by it. The absence of hemorrhage was owing to the fact that the whole contents of the uterus were expelled simultaneously, thus allowing a complete contraction of the organ.

I find a great many practitioners who, upon the slightest delay, are always trying to hasten labor, and who do not hesitate the least to use ergot; if the recital of the above case can tend to make them more cautious, I am repaid for my trouble.

#### Curious Fact.

Circumcision is performed in both sexes eight days after birth. In the female, the whole clitoris is included in the section, and seldom any trace of it remains. Now, if we compare with this practice the one followed by the Bedouins, we will come to a very curious physiological fact. Seven or eight of the Massawah boys who had accompanied us became Christians in order to marry Abyssinian girls; as Mussulmans, they had found some difficulties. They all told me that their countrywomen were cold and indifferent, and that they had never conceived what a woman's embrace really was until they had become acquainted with Abyssinian girls. We remember that the Bedouin females are deprived of the mucous lining of the vulva, the Abyssinians of the clitoris; the first are cold, not to say frigid, the second the most ardent and sensual of women, living Messalines, always "*lasciate sed non satiate*."

Abyssinians are good walkers, and can endure abstinence. They are well made, and those in good circumstances, and who feed occasionally on raw meat, strong and healthy. They keep up to a very old age their virile power. Very old married men are no exception, and often we were not a little surprised to hear that one of their wives had given birth to a child, and that in cases where so many precautions were taken that no chance of a *faux pas* had been left to the fair one.—*Dr. Blanc*.

—It has been ascertained by experiments that the Cinchona plant may be as successfully cultivated on the hill slopes of British Burmah as at Darjeeling and on the Neilgherries.

## EDITORIAL DEPARTMENT.

## Periscope.

## Uses of Carbolic Acid.

Dr. C. F. J. LEHLBACH, in the *Transactions of the Medical Society of New Jersey*, gives his own experience with carbolic acid as a remedy. We make some extracts from his article:

1. *As a Dressing to Wounds*, which could not be expected to heal by first intention. Here I have used carbolic acid in solution of five to twenty grains to the ounce of glycerine and water, with marked benefit, in arresting suppuration and exciting rapid granulation. In other cases a carbolized cerate has been used.

2. *In Carbuncles*. I know, after having used all the various classical and vulgar applications, of no better local treatment (general treatment never neglected) than *carbolized poultices*, and after a forced or spontaneous opening of the carbuncle, a tolerably strong glycerine—solution of carbolic acid, say ʒss. to ʒiiss. to the ounce. It is remarkable how rapidly, under these applications, the ordinarily slow separation of the necrosed cellular tissue takes place, the destructive process ceases, and healthy granulations spring up.

3. *In Conjunctivitis*, particularly purulent. I have used it in about a dozen cases of conjunctivitis, both acute and chronic; in scrofulous cases, which are the most obnoxious to treatment. There is in my opinion no local application which can be compared to it in this disorder.

4. *In Burns and Scalds*. Its reputation in this class of injuries is well founded. In a number of cases which have fallen under my charge, among which two or three of a very severe nature, I have not seen a solitary case followed by a cicatricial contraction, always the result of excessive, deep and continued suppuration. In one case particularly its beneficial results were marked. A man stepped accidentally nearly up to his knees in a brewer's vat filled with beer, only a few degrees below the boiling point. From two inches below the knees down to the soles of his feet the epidermis was destroyed. Carbolic acid, dissolved in glycerine, and afterwards in linseed oil, was used from beginning to end. In five weeks he was able to go to his work, new skin perfectly smooth. In minor burns and scalds one

application of the ordinary crude fluid article will almost invariably arrest the pain in a few moments, and prevent subsequent vesication.

5. *In dissecting Wounds and Pustules*. I had the misfortune of unconsciously scratching different parts of my hands during a post-mortem examination. In two days not less than seven dissecting pustules appeared on both hands. After having used nitrate of silver, ammonia, etc., etc., without benefit, until the glands in the axilla became painful and swollen, I resorted to carbolic acid. The pustules ceased to spread, dried up, the inflammatory areola disappeared—that was the end. Two weeks ago the same thing occurred again. The pustules of two days' growth were touched with carbolic acid once; that was the last of them.

6. *In various species of Impetigo*, and particularly of *porrigo*, in *tinea favosa*, there is no local remedy in my experience attended with better and more speedy results. In an inveterate case of *tinea favosa*, which occurred in a patient fifteen months of age, during dentition, having existed for nearly a year, resisting various modes of treatment, reducing the child by its irritative effect to a minimum of vitality, depriving it of sleep and interfering with the digestive and assimilative processes, and which had been pronounced by several physicians, advocates of *humeral (humorous?) pathology*, as beneficial, (because to cure the external disease would drive it inward,) carbolic acid was used for three weeks and a permanent cure effected. The mode of using the remedy was in form of ointment, as follows:

R. Acidi carbolici, crystal, ʒi.  
Sodæ sulphitis, ss.  
Glycerinæ, ʒi.  
Cerati simplicis, ʒiil. M.

S. Ointment to be used three times a day.

The benefit derived from this application may have been owing partly to the sulphite of soda. But in other incipient cases of this class I have used carbolic acid alone, (acid. carbol. cryst. gr. xx., glycerine ʒss., cerat. simpl. ʒi.), and a few days' application proved sufficient to annihilate the trouble.

7. *Mentagra*, or *Sycosis*. Used in two cases of barber's itch with rapid and complete success in form of ointment, as under 6.

8. *Scabies*. I have employed it here with decided success, (better success than with sulphur preparations alone) in conjunction with the latter. The following is a good ointment:

R. Acid. carbol., crystal., ʒiiss.  
 Flor. sulphur. ʒss.  
 Sodæ sulphit., ʒss.  
 Glycerinæ, ʒii.  
 Cerat. simpl., ʒii. M.

S. Ointment. Take a bath, or wash all over, morning and night, and then anoint thoroughly wherever the disease exists. The acari are generally killed in three to five days.

14. *Diarrhoea in Children.* Here I have found it of marked benefit. I give it in small doses. Carbolic acid has a most decided influence in arresting fermentative action anywhere, hence also in the intestinal canal. As a matter of clinical experience I say that I have found no combination of remedial agents better in Cholera Infantum, in children's diarrhoea (which, so unfortunately, under the classic medication of kino, catechu, that abominable chalk mixture, or worse, calomel, hydrargyrum cum creta, rhubarb, etc., etc., terminates in exhaustion, convulsions or marasmus,) than the following:

R. Pepsinæ, ʒss. to ʒi.  
 Bismuthi, sub-nitr., ʒss.  
 Pulv. opii. gr. 1-6 to 1-2.  
 Acid. carbol. gr. 1-8 to 1-2.  
 Quinæ sulph. gr. i to ij.

Divide in doses equales No. X.

This for a child from a year to a year and a half of age—a powder every two or four hours, as the case demands. In some cases the opium is omitted, or bromide of potassium given in its place.

#### Hospital Gangrene.

DR. W. H. DOUGHTY, in an article on this subject in the *Richmond and Louisville Medical Journal*, says:

If the practice of surgeons in hospital gangrene, be considered an index to their views as to the natural history and pathology, a single response, apparently intuitive in its character, is almost uniformly made to the inquiry, "How must it be treated?" "Burn it out" is the familiar expression of those who, although recognizing, to a certain extent, its constitutional features, yet act as if it could only be eradicated by potential caustics.

Whilst unwilling to pronounce this course reprehensible, we are nevertheless induced to ask if this is the only available treatment? We think not, and base the opinion upon our observation during the last year of the war, while in charge of the 2d Georgia Hospital, at Augusta, Ga. By reference to our notes, we find that between August 14th, 1864, and January 1st, 1865, twenty cases of hospital gangrene were treated in its wards in the following simple manner, with results as flattering as under any other heretofore employed. It embraced a thorough removal of the slough with the scalpel and scissors; cleansing with tepid water by mops and the continued use of *tar water* as a local disinfectant—this, conjoined with chalybeates, nutritious diet and free

ventilation. Of this number, one died, who was over 50 years of age and worn out by privation and hardships, the disease occupying a large blister over the sacrum (which ought never to have been applied) its extent produced complete vital exhaustion. In only one case, was an escharotic employed—in this, there was a hard, indurated slough upon an inflamed base. It was deemed expedient not to use the knife for its removal as it was impossible to define the sensitive limits of the contiguous parts. Fifteen days form the average length of time for the full arrest and separation of sloughs and, in the cases reported, there was no recurrence of the infection as frequently happens.

In harmony with this course was the employment of turpentine, locally and internally, by some surgeons during the war—the results were regarded as very favorable to its exclusive use in many cases, and we venture to remark that not the least advantage derived from it was the exclusion of powerful caustics. Turpentine is a good solvent for the putrid slough, hastening its separation, and stimulating within safe limits the adjacent parts, and when internally administered, exerts its peculiar beneficial effects (not very well understood) upon the blood in the low states of the system, and when aided by good diet and tonics is doubtless adequate to the cure of the disease.

Tar water, somewhat akin to this, contains soluble ingredients of the original substance in small quantities, particularly pyroligneous acid and creasote, and as a simple disinfectant is very valuable. Indeed, we found it scarcely inferior to Labarraque's solution, certainly not so offensive, and when assiduously used, it corrects the effluvia so thoroughly as to prevent the patient from detecting his own offensiveness.

This is only one of a class of remedies capable of fulfilling this important local indication—perhaps it is really not superior to the chloride of sodium, permanganate of potassa, pyroligneous acid and creasote; *carbolic acid*, the universal favorite and almost ridiculous hobby of the day, is probably the very best. Its power to arrest putrefactive changes, local and general, and to destroy the "septic germs" upon which the contagiousness and virulence of the foul malady depend, renders it peculiarly appropriate and determines its preferred use. Coal tar has been long known to be valuable as a disinfectant; this was employed during the war in hospital gangrene with excellent effect. Its active principle, carbolic acid, was not then available in a separate form, although Prof. Stille states that "not a few have found that it less completely corrected, than coal tar, the foul odors of gangrenous parts, probably because its sustained operation is more difficult to secure."

Such, gentlemen, is the outline of a mode of treatment which commends itself on account of its sim-

plidity, painlessness and efficacy. Some of the cases treated were severe, involving the tracts of balls through limbs and exposing large surfaces. They were not selected ones, but embrace all received during the time specified. We are indebted for the suggestion to Prof. Dugas, whose known conservatism tends always to simplicity in practice.

We append the following record of amputations performed for hospital gangrene, with their results:

Case 1. Private L. L., Co. C., first bat. Georgia sharpshooters; employed as nurse at field infirmary; hospital gangrene contracted by inoculation, affecting second and third phalanges of little finger; amputated at metacarpal-phalangeal articulation, August 12th, 1863; stump heaped kindly; no recurrence of gangrene.

Case 2. Private W. J. M., Co. F., 41st N. C. regiment; received flesh wound (V. S.) September 19th, 1863, at Chickamauga; October 4th, gangrene reported, alternately exposing about five inches of tibia and fibula; constitutional condition so bad as to determine amputation at point of election, below the knee, October 7th. Gangrene returned on 11th October. Died October 20th from pyæmia.

Case 3. Private J. W. W., Co. K., 30th Mississippi regiment; gunshot fracture of forearm and arm (right), received September 19th, 1863, at Chickamauga; both wounds gangrenous when admitted. October 8th, amputation through the deltoid. October 13, stump dressed and reported in good condition; October 14th, died at 8 A. M., in a protracted chill, doubtless pyæmic, although there was no appearance of gangrene about the stump.

Case 4. Private J. W. McC., Co. G., 18th Texas regiment; admitted with V. S. of right forearm (near the elbow) and arm (near the shoulder), received 19th September, 1863, at Chickamauga; both wounds became gangrenous with most extensive sloughing and intense constitutional depression; amputation at shoulder joint deemed expedient; performed October 13th; October 19th gangrene reported; died 25th from pyæmia.

Case 5. Private J. P., Co. D., 45th Mississippi regiment; gunshot fracture of forearm, ball entering near the wrist and emerging at the elbow; intense inflammation; threatening mortification. This was partially subdued by irrigation, when on 10th October, 1863, hospital gangrene appeared; on 14th amputated at middle third of arm; 19th gangrene reappears; 26th gangrene disappears; stump now granulating; patient subsequently furloughed.

Case 6. Private R. L. I., Co. C., 25th Georgia regiment, V. S., of left forearm and wrist, ball passing through the wrist-joint; gangrenous on 12th October; 16th October amputation at lower third of arm; infiltration having extended nearly to the elbow joint; October 19th gangrene recurred; October 27th it has disappeared again; stump in good

condition; patient recovered and subsequently furloughed.

*Remarks.*—As far as the cases seen by me go, they authorize the following general conclusions, viz:

1st. After amputation for hospital gangrene, the almost uniform recurrence of the disease in the stump may be expected within seven or eight days. Possible exceptions exist in such cases as may be traced to direct inoculation (as case I), where the general infection is presumably less.

2d. In fatal cases pyæmia is the apparent proximate cause of death.

3d. Notwithstanding its recurrence, the mortality scarcely exceeds that from secondary amputations of equivalent parts in military surgery, the disease being still amenable to treatment.

4th. Amputation, therefore, may be regarded as an ultimate resource, in suitable cases, which promises something more than negative results; actually improving the chances of recovery in the face of a return of the disease. Hence is both legitimate and conservative.

Two out of the five major operations performed recovered, and when we remember that the conditions which determine the removal of a limb for hospital gangrene are even more desperate than those under which secondary amputations for wounds are ordinarily resorted to, the result really appreciates the practice.

It may be proper to state, also, that the patients were retained in hospital after being operated upon and subjected to the same general conditions of treatment as before.

#### On the use of Starchy Food for Infants.

At the meeting of the Obstetrical Society, of London, July 7, (*Medical Times and Gazette*), a paper was read by Dr. Selby Norton, on Teething.

In this paper the author advocated the opinion that the maladies usually attributed to teething are due to the wide-spread and unphysiological practice of feeding infants on starch foods. He showed that starch was non-digestible by the infant stomach, partly because no minute division of the starch granules could be effected in the infant's mouth, and partly because, from the mode of feeding, the greater part, at all events, of the starch is passed at once into the infant's stomach without being rendered soluble by the ptyalin of the saliva. The diseases usually ascribed to teething—diarrhea, convulsions, and bronchitis—in the author's experience never occurred in a naturally fed child; and, on the other hand, they occurred sometimes in the first month, where the teeth obviously could exercise no baneful influence, and they occurred, too, when the gums were quite cool and natural. After considering these diseases at some length, and show-

ing how often they could be directly traced to the irritation of bowel produced by starch food, he concluded by condemning altogether farinaceous food for infants, and advocating the sole use of cow's milk diluted with water.

Dr. T. Ballard said he was pleased to see some one come forward to support the "heretical" doctrine that teething was not a cause of infants' disease—a doctrine he had advocated many years ago. While so far, however, agreeing with the author of the paper just read, he could not coincide in his view that starch was such a patent cause of disorder. He did not think starch, *per se*, was harmful, though of course, it was not a substance on which an infant could be reared. With respect to the general subject of infant mortality, he thought that practical good would result from the inquiry if the Society could agree upon some formula of dietary for general recommendation of a simple and intelligible character. He would also lay much stress not only upon the importance of sufficient food, but on the importance of not allowing the bowels to act more than twice in the twenty-four hours. This could be effected by attention to the mode of giving the food; by not allowing an infant to suck without obtaining the food it craves, or to suck too hard to obtain it. In either case the bowels became disturbed, and diarrhoea was the result. Should this occur while the child is at the breast, the too frequent motions indicate the necessity of some supplementary feeding; or, if the infant be fed entirely from the bottle, there is probably some defect in its construction or action. Where maternal milk, in sufficient quantity, could be obtained, of course no other food was requisite. Next to this came the milk of some other animal, and, where circumstances required it, to this might be added some preparation of wheaten flour.

Dr. Phillips considered it injudicious to give any farinaceous food to an infant under six months old. The practice was as physiologically incorrect as it was practically found to be hurtful. The paper read had not convinced him that no evils were ever caused by teething; but he quite believed that the evil effects ascribed to teething were often caused or increased by improper feeding. At the Children's Hospital, instructions "How to bring up Babies," had been distributed with the best effect.

Dr. Brunton said that he also objected *in toto* to giving a child farinaceous food up to six or eight months. Up to that age, where suckling could not be carried out, he gave cow's milk and water, sweetened, increasing the proportion of milk as the child grew older.

Dr. Routh said that on no point was there more evidence than against the use of starch for infants before they had teeth. For—1. The assimilation of starch depended on its conversion into sugar by the saliva, but infants secreted no saliva for the first two or three months; 2. In infants dying after the

use of starchy food, examination showed that it passed through the alimentary canal unchanged; 3. The alimentary canal of a baby was that of a carnivorous animal; 4. The food supplied to purely herbivorous animals recently born was animal. *Ergo*, starchy food should not be given to infants until, at all events, the appearance of teeth. He could not agree with the recommendation of cow's milk diluted with water, as a good food for infants. The milk, before it was purchased, was generally watered, deficient in cream, acid, and wanting in sugar of milk. If used at all, it must be mixed with lime-water, and sugar of milk added in the proportion of half to one ounce of lime-water, and a teaspoonful of sugar of milk to every half-pint of milk, with one third water. It should be begun early, even from birth, in all cases where it was clear beforehand that the mother could not nurse long. The idea that it was wrong to mix two milks was fallacious, and his experience had proved to him that the earlier it was begun the more readily the child's stomach bore it, and in nine cases out of ten a child so prepared could be weaned readily and with safety. To one other point only would he refer—the congregation of infants in nurseries. This was a most dangerous practice. The atmosphere generated under these conditions was most baneful, probably from the quantity of ammonia generated from the urine, as well as sulphuretted hydrogen and other noxious gases from the stools. Children required air, and pure air especially. Their respiration was more rapid than adults. Such congregation of infants, was always, therefore, a great cause of infant mortality. Malignant thrush, *muguet*, and contagious diseases spread like fire in such atmospheres.

#### Watermelon.

S. G. Weber, M. D., Boston, in the *Medical and Surgical Journal* of that city, says:

I do not find that people generally look upon watermelon as a desirable article of food when the bowels are loose. Several cases have come to my notice where that fruit seemed to be of benefit. Any one who has indulged in it may have observed its powerful diuretic properties, which are not dependent upon the amount of water ingested, for the same amount of clear water does not cause so copious an evacuation of urine.

This diuretic property of the fruit is an indication in favor of its use. The fruit is also notoriously cooling and refreshing. May it not derive this quality, and also its diuretic power, from a vegetable acid or salt, by virtue of which it has a general sedative action.

What has been said refers to the ripe fruit in good condition; if it is not perfectly ripe, or if fermentation has commenced, of course injurious consequences may follow its use. Also the largest melon is the best, if it is ripe and fresh. A generous supply

is necessary to obtain the curative effect. In two or three cases which have come to my knowledge, the fruit was eaten *ad libitum*. One of these, a gentleman, is in the habit, when troubled in summer with a commencing diarrhoea, of eating largely of the best and largest watermelon he can find; he says it invariably checks the diarrhoea, which afterwards gives him no more trouble.

A lady had suffered from a diarrhoea, which was growing worse; she had decided to take medicine in the afternoon. At dinner she eat watermelon, and thought no more of the diarrhoea. She had one passage after dinner, eat watermelon again at tea, and was afterwards entirely free. Usually, she says, it is necessary for her to take medicine.

A medical friend mentioned to me that he had seen the beneficial effects of watermelon in his own experience.

Will others give an account of their experience in this respect, or try the value of this remedy. It would certainly be one of the pleasantest medicines we could prescribe to tell our patients to eat as much watermelon as they desire. Would it not, too, be a refreshing and beneficial diet in cases of fever or feverishness? We give lemonade and neutral salts, why not give watermelon?

#### The Use of Obstetric Instruments.

Dr. THOMAS SAVAGE, Professor of Comparative Anatomy in Queen's College, Birmingham, says, in the *British Medical Journal*:

It seems remarkable that, until quite recently, so few practitioners should have advocated the more frequent use of the forceps in midwifery, except in difficult cases, such as the older writers describe. Mr. Steele of Liverpool, Dr. Hardy of Manchester, and Dr. Swayne, in the *Journal* of May 29th, have given the results of their experience, which is decidedly in favor of their use in cases where, as Mr. Steele says, "The second stage of labor ceases to be actively progressive, excepting, of course, when contraction or distortion of the pelvis necessitated turning or craniotomy, or where the os uteri is only partially dilated, and at the same time undilatable." My own experience, though limited, is so decidedly in favor of this practice, that I am induced to record it. The following table will show my practice:

1864, out of 73 labors forceps were used 3 times or 1 in 24 $\frac{1}{4}$	
1865, " 154 " " 15 " or 1 in 10 $\frac{1}{2}$	
1866, " 173 " " 18 " or 1 in 9 $\frac{1}{2}$	
1867, " 203 " " 37 " or 1 in 5 $\frac{1}{2}$	
1868, " 204 " " 31 " or 1 in 6 $\frac{1}{2}$	

807

104

And out of these 807 cases, five children were still-born; and one maternal death occurred from puerperal fever, which was, as far as could be seen, in no wise traceable to the means used to accomplish delivery. In comparison with this, I may give the statistics of the Royal Maternity Charity, as quoted

by Dr. Ramsbotham, where, out of 48,096 deliveries, forceps, long and short, were used 73 times, or once in 671.2 cases; and out of these 73 applications, 15, or 1 in 4.05, children were still-born, thereby showing that their use was not resorted to until the head had been for a long time subjected to excessive pressure. In none of my cases have I found any ill effects afterwards, such as laceration of the soft parts, or extensive rupture of the perinaeum, etc.; and I cannot but think that more children would have been still-born if instrumental aid had not been forthcoming. The occipit-posterior presentation appears to offer most difficulty in effecting delivery; and Tyler Smith says that in these cases the head should be slowly rotated during the process of extraction, so as to bring the vertex towards the public arch, and thus convert them into occipito-anterior presentations; a proceeding which, to myself, has seemed very easy in a diagram, but to be attended with some difficulty in practice.

#### Reviews and Book Notices.

*Across the Atlantic. Letters from France, Switzerland, Germany, Italy, and England.* By Charles H. Haeseler, M. D. Philadelphia: J. B. Peterson & Bro. 1 vol., cloth. 8vo. pp. 397.

Dr. Haeseler made his visit to the old world in 1867, and saw most of those sights which have so much interest for all educated Americans. He describes them, and narrates in a pleasing and humorous manner his adventures. To be sure, adventures nowadays have become tame things in comparison with those of the good old times when a distressed damsel or a fierce dragon awaited the errant knight at every turn of the road. But a fair share of what such things there are, seems to have befallen our author, and his descriptions are vivid. Evidently he enjoyed himself in his European tour, and we hope many others may do the same in reading his account of it.

— Dr. HEYFELDER, formerly Professor of Clinical Surgery in the University of Erlangen, has lately died at St. Petersburg, where he held the office of consulting-surgeon of the military hospitals of that city. He was also a Councillor of State to the Czar. Dr. Heyfelder was the author of works on the diseases of children, from observations made at the Children's Hospital in Paris (1825); on suicide in its medico-legal aspect (1829); on cholera (1832); on the mineral waters of Wurtemberg, Baden, Alsatia, and the Vosges (1840); on the inhalation of ether and chloroform (1848-9); and on resections and amputations (1859). He was also engaged in various medico-legal missions on the part of the Russian Government, and made a report on the medical organization of the Prussian Army during the last war in Germany.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 4, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as requiring original experimental research, analysis, or observation, will be liberally paid for.

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### THE RESULTS OF SENSATIONAL NEWS-PAPER-WRITING, AND MEDDLESOME LEGISLATION.

A few days ago a horrible occurrence took place in this city. A father was deliberately shot down and killed by his son. The latter was insane, but not to such a degree but that he lived with his family.

One of our most widely circulated dailies, referring to this terrible incident, speaks editorially as follows:

The journals almost every day teem with accounts of suicides and murders by lunatics who have been allowed to remain at large, or are subjected only to the restraints of home, who, if placed under proper treatment in a well-conducted establishment, might have been thoroughly restored to usefulness in a short time. No considerations of mistaken pride, or mistaken kindness, or fear of "what the world will say," should constrain the families of those thus afflicted to allow them to be at large, for their liberty is not only a peril to themselves and those connected with them, but to the whole community.

This has quite a different tone from these same journals a year ago, when the hue and cry about "Lettres de Cachet" was raised in

an unscrupulous sensation monthly, and honest physicians were prosecuted and blackguarded for doing their best to protect society against just such assaults by insane persons.

When the public eats sour grapes, why do they find it so strange that their teeth are set on edge? If they sew the wind, what can they expect to reap but the whirlwind? If they countenance the persecution of skilled experts in insanity, if they throw obstacles in the way of sending the insane to hospitals, if they interfere with the physician when doing his duty, they must expect to turn the madmen loose on themselves, and need not complain nor feel surprised at the greater insecurity of life which is the consequence.

And we take this opportunity with pleasure to record a marked improvement of late in the tone of a portion of the public press. Less than a year ago a sensational daily of this city slanderously charged one of the editors of this journal with receiving bribes for certificates and testimony as an expert in cases of insanity. We then took occasion to point out the danger to the community of such a course as was being pursued by many newspapers at that time. It would be an interesting and fair subject of inquiry as to how many lives have been lost as the result of the publication of the sensational article "Lettres de Cachet" in the *Atlantic Monthly*, of May, 1868. We should be sorry to be responsible for the injury done by that article.

For awhile the *New York Tribune* was carried away by the hue and cry raised by that article; but one of its editors was induced to patiently and intelligently investigate the subject, since which time that paper has pursued a rational course on the subject, condemning real abuses, when such are known to exist, but showing an appreciation of the responsibilities attendant on the management of the insane. The *Tribune* has contained several items recently, from which we extract the following, which we commend to the notice of the general reader:

"The favorite sensation for the last year has been Lunatic Asylums, and a great deal of sympathy has been expended upon various unhappy patients who, in full possession of their faculties, have been consigned to Bedlam by mercenary relatives and venal doctors. Whatever may be said of the merits of individual cases, there can be little question that in some States the laws are lax enough to allow commitment to mad-houses without good evidence of insanity; but it is a curious coincidence that just while one of our courts is besought for the release of a patient said to be wrongly held at Bloomingdale, we have two awful lessons in the danger of permit-

ting insane persons to be wrongfully at large. Bruen, who murdered Mr. Buck, at Succasunna Plains, a few days ago, had been known for five years as a dangerous lunatic, whom it was necessary sometimes to lock up, yet he was allowed to go at liberty. The man who shot Mrs. Hobbs on Wednesday, in Boston was notoriously insane, and had once before attempted the homicide which he at last accomplished, and had been for a season locked up in consequence. The question may well arise, whether the relatives or friends who leave such dangerous characters to shoot people whenever they feel like it, are not as guilty as the man who turns a mad dog loose into the street. Perhaps there is more need of a law to enforce the restraint of lunatics, than to insure the liberty of the sane."

Again :

"Another sad evidence reaches us of the worse than folly of keeping lunatics out of the asylum. Henry Johnson, of Leominster, "being slightly deranged," his friends thought it enough to lock him up every night in his chamber. But this chamber had a window, through which the unfortunate and ill-treated—most inhumanly treated—man found egress, and running at once to a neighboring pond, committed suicide by drowning. We see little use in building and endowing lunatic asylums if the natural protectors of those needing such retreats for their own safety will thus, with fool-hardy benevolence, assume the responsibility of keeping the insane at home in many cases, thus precluding all hope of cure. But poor Henry Johnson is cured now!"

And a few days subsequently :

"It is painful, when one looks even cursorily into the newspapers for such cases, to find how many persons of unsound mind are still retained at home by their friends, instead of being sent to an asylum for the best medical treatment, in most instances with a reasonable chance of cure. Here in Butler county, Ohio, is one Thomas Kerwood advertised for, he having 'wandered from his home.' He is described as 'of unsound mind, and totally incapable of taking care of himself.' He has been gone four weeks, and a diligent search for him has been fruitless. Of course, the chances for his being still alive are not great, yet he might have been placed in a position of perfect safety, and tenderly and constantly cared for. Even while we are writing, another illustration of the fatal laxity with which the insane are restrained comes to our notice. At Brookfield, Mass., on the 13th inst., Mrs. Brown committed suicide, taking her infant child with her into the water, both mother and child being drowned. Here are two lives gone, both of which might have been saved, one of them being that of a babe absolutely dependent upon the care and tenderness of others for existence. The officers of the law are usually extremely unwilling to interfere in such cases, particularly when the afflicted is of respectable family; but if this evil goes on much longer it will be necessary to treat lunacy once more as a *quasi* crime.

"Observe for another instance the case of Mrs. M. C. Young, of Nashua, N. H. This lady, described as 'estimable,' was subject to fits of epilepsy, which are well known to have a suicidal tendency. She often avowed her intention of committing suicide, and last Friday, having procured an ounce of laudanum, she effected the purpose which she had avowed. She is much lamented, having been a lady worthy of general esteem. The proper place for her was in an asylum, and if she had been sent to such an establishment she would probably be living now—not

in good health, perhaps, since her disease was nearly incurable, but capable during life of a certain amount of enjoyment."

And finally, for the present—for, as the *Tribune* intimates above—there is no end to these cases, if the attention is called to them. We have little doubt but, take the country through, one could be recorded for every day of the year. The *Tribune* says :

"Once more we have to call attention to gross negligence in the case of an insane person. While a lunatic named James Hurley was being taken, last Friday, from West Roxbury, Mass., to the Taunton Asylum, he jumped from the train, the wheels of the car passed over his legs, and his injuries were so great that he lived only thirty minutes after their infliction. We do not propose to insult the reader by arguing that this unfortunate man might have been safely transported. So much we assume as a matter of course. It follows that those having the patient in charge were unfit for their business, and should never, either by public or private authority, be intrusted with the care of a lunatic again."

#### DEAN SWIFT AND DARWIN.

The biographer of Swift declares that the latter, after failing in his effort for church preferment, withdrew in dignified retirement, and devoted eight hours a day for some seven years to reading somewhat indiscriminately whatever happened to come in his way. Among other things he at times showed a partiality for natural history and medicine. That he succeeded in the latter his disquisition on madness is a tolerable proof, and that he knew something of the former his humorous idea of progressive development ought to be a sufficient evidence.

It is a curious fact, which up to the present we believe has excited no special comment, that the worthy Dean of St. Patrick's, in one of his many freaks of grotesque humor, has given a wonderfully apt exposition of the theory of progressive development as expounded at the present day by Darwin.

Unless Darwin believes with Huxley that all fine writing, unless confined within the narrow bounds of objective science, is "Literary caterwauling," he has probably refreshed himself at times from his exhausting labors with Swift's inimitable satires, but we would scarcely dare to venture the opinion, or even the remotest shade of suspicion, that he was at all indebted to the author of Gulliver's travels for the leading idea, of his work. It simply shows that the preacher "was not a great ways from the truth when he exclaimed that there was nothing remarkably fresh under the sun." We need not, therefore, be surprised

if Swift, in his droll way, anticipated what is now by many regarded as the most exact theory concerning the origin of species. We refer our readers to the Dean's essay upon the "mechanical operation of the spirit," from which we take the following extract, and leave them to draw their own conclusions. Speaking of the distinction between an effect of nature and one of art, he says, "Besides, there is many an operation which, in its original, was barely an artifice; *but through a long succession of ages, hath grown to be natural.* Hippocrates tells us, that among our ancestors, the Scythians, there was a nation called Long-heads, (macrocephali,) which at first began by a custom, among mid-wives and nurses, of moulding and squeezing and bracing up the heads of infants; by which means nature, shut out at one passage, was forced to seek another, and finding room above, shot upwards in the form of a sugar-loaf; *and being diverted that way for some generations, at last found it out of herself, needing no assistance from the nurse's hand.* This was the original of the Scythian Long-heads; and thus did custom, from being a second nature, proceed to be a first. To all which there is something very analagous among us of this nation, who are the undoubted posterity of this refined people. For, in the age of our fathers, there rose a generation of men in this island, called Round-heads, whose race is now spread over three kingdoms, yet in its beginning was merely an operation of art, produced by a pair of scissors, a squeeze of the face, and a black cap. These heads, thus formed into a perfect sphere, in all assemblies were most exposed to the view of the female sex; which did influence their conceptions so effectually that nature at last *took the hint, and did it of herself.* So that a Round-head has been ever since as familiar a sight among us as a Long-head among the Scythians."

— PROFESSOR PUKYNJE, of the University of Prague, died on July 28th, in his eighty-second year. His name has been for many years honorably known in connection with the advance of physiological science. His funeral was attended by deputations from Breslau, Agram, Brunn, and Vienna, by the municipal body of Prague, by representatives of the University and of other bodies, and by a large concourse of people. Before his funeral, his body, clothed in black, was exposed to view for a day in the lecture-hall of the Physiological Institution. On the day of his death, a diploma raising him to the rank of a Knight of the Austrian Empire was sent to him from Vienna—an honor given too late.

## Notes and Comments.

### Carney Hospital, Boston, Mass.

The Medical and Surgical Staff of this institution have issued a circular stating its claims upon the benevolence of the community. The Consulting Board consists of Doctors H. I. Bowditch, Winslow Lewis, C. G. Putnam, M. K. Hartnett, D. McB. Thaxter, and H. R. Storer. The members of the Visiting Board are Doctors Hugh Ferguson, F. B. Greenough, F. I. Knight, S. W. Langmaid, S. G. Webber, and John Homans. The appeal says:

The hospital was built by funds given by the late Andrew Carney, Esq., who *intended* to have properly laid out the grounds around it and to have sufficiently endowed it. Unfortunately Mr. Carney died without doing so. The hospital, therefore, remains in debt, causing great anxiety and labor to the excellent Sisters of Charity who devote themselves to it. The hospital is finely situated on the brow of Mt. Washington Heights in South Boston, overlooking the city and its adjacent harbor, and also commanding extensive views of the neighbouring country.

It has several large wards and many private rooms, in which latter any regular physician in the city can attend his patients as he would in a hotel, subject of course to the rules of the institution. In addition to the wards for acute and chronic diseases and surgical cases, there is also a lying-in ward and one for children. The hospital is not strictly a Catholic institution, although under the fostering care of the Sisters of Charity. Every patient, by the express will of the founder, has a perfect liberty to see clergymen of any denomination he or she may choose.

It has been open since June, 1863, but only in the new parts since 1868. Six hundred and sixty-five patients have been under treatment. Forty is the average number now under its care. The Sisters in attendance will always be happy to show the arrangements of the house to those who may wish to visit it, and if any one feels disposed to contribute to its means of usefulness, communication may be held with either member of the Consulting or Visiting Board.

### Insanity in California.

As an illustration of the prevalence of insanity on the Pacific coast, a correspondent states that on the 2d inst. no less than four men were sent to the lunatic asylum, and adds: "Californians live continuously in a perfect whirl of feverish excitement, enduring an amount of wear and tear of body and brains not equaled in Wall street itself. There are few old Californians to be found who have not been rich and poor again at least a half dozen times, and most of them are poor now."

**Boston Physicians.**

A correspondent of the *California Medical Gazette* says: The Boston Directory for 1869, which has just been issued, contains the names of 303 physicians, members of the Massachusetts Medical Society; 40, members of the Massachusetts Homoeopathic Medical Society; 11, members of the Massachusetts Eclectic Medical Society; 76, who attire themselves in female garments, and 200 "other physicians." One of this latter class delights himself in the title of "analytic physician;" another practices "naturepathy;" another goes it upon "equalizing" principle—this may be supposed to refer to pockets; another strengthens weak finances by the "Swedish Movement Cure," the word movement, probably, indicating frequent change of residence; another is a "magnethist," and still another is satisfied to proclaim his merits in good old plain English as a "bone setter." Many of the apothecaries also transcend the legitimate limits of their vocation and furnish advice and drugs at a slight advance upon the regular charges for the medicines furnished. The city, including the newly acquired districts of Roxbury and Dorchester-end, —none of the practitioners of the healing art referred to in the above statistics reside in these districts—contains about 230,000 inhabitants. Probably one half of this number receive gratuitous medical advice, one half of the remainder employ Homeopaths, Eclectics, and others outside of the pale of the regular profession, leaving the latter less than 200 paying persons to each Physician.

**Liquor Selling by Druggists.**

We have, on several occasions, spoken of the well-known fact that some druggists carry their wine and liquor selling propensities "for medicinal purposes only," to an extent that should render them liable to the penalties of selling liquors without license. A correspondent of the *Independent*—one of our most valued exchanges writing from—Michigan in the interest of temperance, says:

An incident of a few days since illustrates the proclivities of our apothecaries. An urchin of some six summers and a jug came into a prominent dry-goods store, and the lad called for a gallon of whisky. "Whisky!" exclaimed the astonished clerk, "we don't keep it. Who sent you?" "Mr. —," naming a well-known rum-seller. "Where did he send you?" continued the clerk. "To —," naming a firm of druggists—temperance men and church-members. "Ah, indeed!" said he of the tapes. "You are in the wrong pew." The lad was soon righted, however, and the jug was filled. While things are thus, need one wonder that intemperance holds its own. When rum drinkers can get their daily drams at respectable (?) drug-stores need one be surprised that drunkards exist? When rum-sellers supply their bars from the cellars of druggists is it at all strange that the public has not spirit enough

to enforce the prohibitory law against these same rum-sellers? It would only improve the apothecaries' retail trade by decreasing the opposition.

**Praiseworthy Action.**

At a meeting of the Adams County Medical Society, at Quincy, Illinois, on the 9th of August, a resolution was passed and forwarded to the editors of the local papers, which is worthy of praise and imitation. It was as follows:

**WHEREAS**, The publication of accidents and surgical operations in the daily prints, connected with the name of the medical attendant, may injure his standing in the profession, and subject him to censure, by creating the presumption that he has, in violation of the code, reported the case for publication, therefore,

**Resolved**, That the editors in this city be specially requested to omit the name of the attending physician or surgeon—if a member of this society—in every case of accident or disease they may see fit to publish.

We like this, and it is done in the right spirit.

**Excision of Hip in Morbus Coxarius.**

At a meeting of the Michigan State Medical Society last June, the following resolution was adopted:

**Resolved**, That Dr. Henry F. Lyster, of Detroit, be appointed a Committee of one to prepare a report on the operation of Excision of the Hip Joint, with especial reference to the statistical results, and that he be empowered to have blanks printed at the expense of the Society, to be sent to all surgeons who have recently performed the operation, in order that this report may embrace information that cannot be found in books and journals.

Dr. Lyster will be glad to receive information from any one who has performed the operation, and is prepared to furnish blanks for the purpose.

**Another Impostor.**

A fellow calling himself "Dr. Mott, of Philadelphia," is imposing on the people of Vevay, Rising Sun, and other villages in Indiana, pretending to be a graduate of the Jefferson Medical College of this city and distributing a recommendation signed by the professors of that college.

We are authorized to say that no such person was ever at the Jefferson College, that the recommendation is a fraud and a forgery, and that Dr. Mott is an impudent impostor and charlatan.

**Dr. McClellan.**

Dr. Henry M. McClellan, one of the leading physicians and most esteemed citizens of York, Pa., died suddenly on Saturday evening, August 14, at 7 o'clock. The day previous he was attending to his professional duties apparently in good health, but at an early hour on Saturday morning he was attacked with apoplexy, and remained insensible until death ensued. His remains, followed to the grave by a large concourse of citizens, were interred at the Presbyterian grave-yard on Monday evening last at half past five o'clock.

## Correspondence.

## FOREIGN.

LONDON, July 31, 1869.

Sir William Ferguson.

EDS. MEDICAL AND SURGICAL REPORTER:

It was my privilege to-day to see the man who is conceded to be the coolest and most dexterous operator in Europe, if not in the world—Sir William Ferguson, Sen. Surgeon of King's College Hospital. The medical profession throughout America are so well informed as to the skill and success which has rendered him so noted as a brilliant operator, as well as the wisdom and facility with which he has moved his pen as a writer, that I will not dwell on these points. But I suppose not one out of each hundred of the readers of the REPORTER has ever seen, or ever will see the man. I will, therefore, give him a very brief pen sketch. He came into the operating theater at 3 o'clock, p. m., during an operation for varicocele, by Mr. H. Smith, Assistant Surgeon.

As soon as he entered the theater all eyes were upon him, as the word, in suppressed tone, went round the seats, "Sir William." (I mention this to show in what estimation he is held here.) It is proper to remark that this sensation, when he arrives, is not confined to foreign students or physicians, who may be present, but involves residents of London. He was dressed in grey-mixed pants and vest, blue frock coat and ruffled shirt bosom. He stands at least six feet, well proportioned; head large; forehead high; great prominence over eyes, which are keen and piercing black; his silvery curling locks, but quite bald on top of the head; nose large, slightly aquiline; countenance pleasant, and beaming with intelligence. His gait deliberate but natural.

Handing him my card, as is the custom for foreigners, he gave me a hearty Scotch grasp of the hand, saying "I am always glad to see American physicians."

His cases to-day were not of much interest in themselves, but were of great interest to me because they afforded an opportunity to see this great master manipulate.

*Case 1.* A woman who had suffered severely of puerperal fever seventeen months ago; now has almost complete ankylosis of the left shoulder joint, from adventitious deposit. The limbs almost useless, as the adhesions are very firm. General health now good. She was chloroformed, and Sir William manipulated until pretty free use of the joint, in all directions, was obtained.

*Case 2.* A girl, aged 24, has suffered for four years of stricture of the rectum about the sphincter and above. Has resisted all treatment, so that now a small groove director can barely be passed. There is extensive fibrous deposits in posterior wall of rec-

tum. The poor girl also suffers of hemorrhoidal tumors.

*Operation.*—The index finger introduced and the anterior wall of rectum pushed out of the way, a common bistoury was boldly thrust in and the stricture lacerated till a rectal bougie of large size could be freely passed. Then the hemorrhoidal tumors, some of which were internal, and others external, were drawn out and clipped off, without ligating. A sponge tampon was applied with bandage.

All the movements of this distinguished surgeon are without apparent effort, or display; and yet his results are singularly rapid.

After his operation, he addressed the gentlemen present briefly as to the cases. His style as a speaker is exceedingly plain and simple—"conversational" expresses it exactly—and I am informed that he never departs from this style. The Scotch accent is also very manifest.

He came to Kings College Hospital to fill the chair of the lamented Mr. Liston, his former preceptor. The position was, however, filled for a time after the death of Mr. Liston by another eminent Edinburgh Surgeon.

Sir William was made a Baronet recently by the Crown, in acknowledgment of his distinguished professional attainment. He is proprietor of a landed estate in his native Scotland.

Mr. Wood, another Surgeon connected with King's College, operated to-day for non-united fracture of the ulna. He exposed the ends of the bones, and showed that there was muscular and membranous deposits between them, which must forever preclude possibility of union. He sawed extremities of fragments off, drilled and wired them, which is the procedure always resorted to here with bones that are moveable, especially—and as Mr. Wood claims with almost uniform success. The lower fragment was held during the drilling with a pair of Ferguson's iron forceps. Mr. Wood is the author of a valuable new work on diseases of the rectum—and the originator of a noted and exceedingly ingenious operation for the radical cure of hernia.

I shall go up into the Switzerland mountains for a week or so—thence to Paris—from which I shall probably return to London—and will try and give more next time.

REAMY.

## DOMESTIC.

## Poisoning by Mushroom.

EDS. MED. AND SURG. REPORTER:

I lately met with a singular and interesting case of poisoning by a kind of Mushroom, which on account of its rarity and peculiar symptoms or effects, I have deemed worthy of presenting to your many readers.

The victims were two children, aged 10 and 12 years. They had collected a large quantity of dark

brown or black looking mushrooms which grows in wet manured gardens, or on old rotten stumps or logs, and after stewing them, they ate quite heartily. They were eaten at five o'clock in the afternoon, and that evening about eight o'clock, the parents were surprised to see their son act like one with "Mania-a-potu," screaming *snakes*, seeing them on the bed, the wall and floor, shrinking and crouching behind his father to get out of their way. Getting worse and impossible to pacify, the father sent for me in a great hurry. Before reaching the house, I heard the boy screaming with all his might, the neighbors in a state of great excitement over the case—suggesting this, that, and the other, and when I stepped in I found the boy looking wild and frantic—his father, a strong man, doing his best to hold him. His vision was distorted, pupils slightly dilated, delirious, and a singular *horror* and fear of *snakes*, lasting for two or three hours. The stomach seemed to be completely paralyzed, the milder emetics producing no impression.

I gave at first, large doses of Ipecac with warm water, then Tartar Emetic without producing emesis. Finally, a large dose of Zinci Sulphas was administered, followed by copious vomiting, the patients discharging each over a pint of black mushrooms, which had the appearance of having undergone no change, although they had been eaten four or five hours *previously*. The awful horror of snakes in both cases was very *remarkable*—the patients imagining them on their bodies, crawling over them. The amount of screaming, shrinking, shuddering, and *kicking*, was perfectly appalling to witness. In a half hour after vomiting, they were almost entirely relieved of those dreadful symptoms.

When I left the house, all was quiet, I having ordered a purgative for the next morning.

DAVIS L. FIELD.

#### Extra Uterine Pregnancy.

EDITORS MED. AND SURG. REPORTER:

I notice a controversy going on in your journal, between Drs. Palmer and Roebuck, in reference to the duration of Pregnancy in cases of Extra Uterine foetation, after full term.

I have no disposition to interfere in this controversy, but as reference to the record will set the matter at rest, and, in order that Dr. Palmer may be understood in his position, will you be kind enough to allow me to quote the last paragraph of Dr. P's article published in MED. AND SURG. REPORTER of May 20th.

He says: "So far as I am able to learn, this is the first case on record where Extra Uterine foetation has gone on to and beyond the full period of gestation, and in no case (except the case I have reported) has the pregnancy extended beyond four and a half months."

In this declaration Dr. Palmer makes a very great

mistake, and shows himself somewhat at fault in his knowledge of recorded cases where pregnancy has gone on, not only for months, but for years.

In vol. Fifth, page 104, Medico-Chirurgical Transactions, is a case reported where the child was retained for fifty-two years, the mother dying at the age of eighty years.

In the same connection a case is given where the child was retained five years, the mother in the meantime becoming pregnant with another child.

Vol. Second, page 114, American Jour. Med. Sciences, Dr. Heiskell, of Winchester, Va., reports a case where pregnancy went on for forty years, the mother dying at the age of seventy-five years.

Vol. Seventh, page 488, *Ibid*, Dr. Wilson reports a case where the patient had had eight children, became pregnant with the ninth, went to full term, but was not delivered. In eighteen months afterward was delivered of a child in a natural labor. Died at the age of seventy-five years, having carried the extra foetus thirty-seven years, and in the meantime giving birth to her tenth child.

Vol. Eleventh, page 348, *Ibid*, Dr. Yardley reports a case where the child was retained for fifteen years, during which time the woman was delivered of a full grown foetus, at term, with the removal of the Extra-Uterine foetus, and complete recovery of the patient.

Vol. Twelfth, page 279, *Ibid*, Dr. A. H. Stevens, of New York, reports a case in which a *full grown* extra foetus was removed by him by the operation of gastrotomy, ten years after conception, with complete recovery of the patient.

Vol. Thirty-six, page 44, *Ibid*, Dr. Johnson reports a case where four years and six months after completion of full term, the foetus was extracted per anum, with complete recovery of patient.

Vol. 45, page 252, *Ibid*, is a case reported where the foetus was carried fifty-four years; in the meantime the mother bore two children, dying at the age of eighty years.

This list of cases could be considerably extended, as we have before us reference to fifty or more cases where the pregnancy has gone on from months to years; but a sufficient number of these curious and interesting abnormalities has been given to convince Dr. P. of his mistake in reference to the importance of his case, although interesting in itself, and for which we are under obligations to the Dr. for his excellent report.

J. W. HADLOCK, M. D.

Cincinnati, O., August 10th, 1869.

—"Do you think, doctor," asked an anxious mother, "that it would improve little Johnny's health to take him to the springs, and let him try the water?" "I haven't a doubt of it, madam." "What springs would you recommend, doctor?" "Any springs, madam, where you will find plenty of scap."

## NEWS AND MISCELLANY.

—Among the bequests of the late Philip Maret, of New Haven, is one amounting to one-fifth of his property, being about \$148,000, to the Connecticut State Hospital, the income of which is to be applied in providing free beds for the indigent patients, giving preference to those incurably affected, if such are admissible.

## The Memorial of Trousseau.

The friends of M. TROUSSEAU have succeeded in collecting a sufficient amount of subscriptions for two busts of this celebrated physician and clinical teacher. One of the busts—a marble one—is in the hall of the Faculty of Medicine; the other, of bronze has just been placed under the peristyle of the Hotel Dieu. The amount collected has been sufficient not only to defray the cost of the busts, but also to enable each subscriber, whose address is known, to be supplied with a photographic copy.

## A Difficult Time With the Savants.

When the Abbe Moigno undertook to introduce the stereoscope into France, he first took the instrument to Arago and tried to interest him in it. Arago, however, has a defect, of vision, which causes him to see double; when he looked into the stereoscope accordingly he saw only a jumble of four pictures. The Abbe then went to M. Savart, another distinguished member of the Institute, but M. Savart had only one eye, so he tried M. Becquerel. M. Becquerel was an excellent authority on electricity, but paid little attention to optics, for the excellent reason that he was nearly blind. M. Pouillet of the Conservatoire des Arts et Metiers was next applied to. He listened with deep interest, but unfortunately he squinted, and therefore, could see nothing in the instrument but a fog. Lastly, M. Biot's zeal was invoked, but M. Biot was a very enthusiastic defender of the theory of the emission of light, and until he could be assured that the new instrument did not contradict that theory, he would not see anything in it. The stereoscope got into France after a while nevertheless.

[Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

## MARRIED.

LINCOLN—TYLER. August 24, by the Rev. Dr. Tyler of Amherst College, Mass., Dr. R. A. Lincoln and Caroline C., daughter of the late W. H. Tyler of Pittsfield, Mass., both of New York.

MILLER—LANDIS. August 10, at Oxford, Chester county, Pa., by the Rev. Alexander M. Wiggins, Abner M. Miller, M. D., and Sallie J. C. Landis, daughter of M. P. Cooper, Esq., all of Enterprise, Lancaster county, Pa.

RENSBAUGH—CRUM. At Nyack, Rockland county, N. Y., at the home of the bride, August 17, by Rev. M. Marvin, Alonzo C. Rensbaugh, M. D., of Philadelphia, Pa., and Miss Martha B. Crum.

## DIED.

GATES. In Yonkers, N. Y., August 21, Carlton Gates, M. D.

HAZELTON. In Cavendish, Vt., August 8, Franklin, oldest son of Dr. D. W. Hazelton, aged 16 years.

HUNT. Suddenly, at his residence in Windham, Conn., August 20, Chester Hunt, M. D., aged 80 years.

PEARSON. August 16, Maude Carroll, daughter of Dr. John C., and Josephine B. Pearson, of Urza, Ill., aged 1 year, 10 months, 19 days.

## QUERIES AND REPLIES.

Dr. H. N. K., of Illinois, writes—"Hereafter you will please send the *Reporter* and *Compendium* to me at Pana, Illinois."

Ans.—Very well, but very indefinite. Where were you originally?

G. & Co., Ohio.—The Pennsylvania Hospital Reports are issued in January; price \$5. Volumes have been issued for 1867 and 1868.

Messrs. Editors.—Will you inform me in your answers to correspondents what *refined time* is, or whether it is known by any other name? Our druggists do not know it by that name. G. A. C.

Dr. F. H. P., of Pa. asks for a monograph on the exanthemata.

Ans.—There has been none recently published as a separate work.

Dr. J. H. T., of N. Y.—A hand atomizer costs \$4.50, to \$6.00.

Dr. A. G. C., of Pa.—The Pocket Record costs \$1.50; a Throat Minor \$—; a Vaccinator \$2.50; Nunnally on Erysipelas \$5.25.

HEALTHY GRAMMAR.—Messrs. Editors.—Please settle an important question. In *REPORTER*, July 31, page 105, Prof. Thomas' direction read thus: "Two tablespoonfuls," &c. We sometimes see "spoonful," and sometimes "spoonfuls." Professional men ought to agree better. M. DeF.

Ans.—We pronounce *ex cathedra* in favor of "tablespoonfuls." The plural sign should end the word by all analogy.

PUERPERAL CONVULSIONS.—Messrs. Editors.—Methinks would physicians take more pains to distinguish between the genuine apoplectic and the hysterical or purely nervous forms of *puerperal convulsions*, there would not be so many condemnatory notices of the efficacy of Bromide of Potassium in this complaint. I take it, in the former, bleeding is the sheet anchor; in the latter, the bromide is probably unequalled by any other nervous sedative.

JERSEY DOCTOR.

## METEOROLOGY.

AUG.	16.	17.	18.	19.	20.	21.	22.
Wind.....	W.	N. E.	S. W.	S. W.	S. W.	S. W.	N. W.
Weather.....	Clear	Old'y	Clear	Clear	Clear	Clear	Clear
Depth Rain		fog.	fog.	fog.	fog.		
Thermom....							
Minimum...	72°	64°	61°	62°	66°	74°	72°
At 8, A. M.	78	70	68	72	77	85	80
At 12, M.	80	73	74	77	91	93	83
At 3, P. M.	83	74	81	83	92	95	85
Mean.....	78.25	70.25	71.	73.50	81.50	86.75	84.25
Barometer..							
At 12, M.	30.1	30.2	30.2	30.2	30.1	30.	30.2
Germantown, Pa.				B. J. LEEDON.			